

MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM

DATA COLLECTION FORM- ADULT

DUE BY THE 15TH OF THE MONTH FOLLOWING THE REPORTING MONTH

County/Lead Agency:			Reporting Month:		
Person Reporting:			Phone:		
SECTION A: PARTICIPATION INFORMATION					
A1) Number of New Participants					
A2) Gender of Participants		Male:		Female:	
A3) Number of New Participants by Age					
	Under 18	18 - 25	26 - 40	41 - 60	Over 60
A4) Primary Ethnicity of New Participants					
African-American	Asian	Hispanic	Caucasian	Native-American	Other
A5) Primary Language of New Participants					
English	Spanish	Vietnamese	Hmong	Other	
A6) Number of New Participants with Co-occurring Mental Illness and Substance Abuse Disorder					
A7) Number of Participants Who Completed the Program					
A8) Number of Participants Who Discontinued the Program (for any reason)					
SECTION B: HISTORICAL DATA					
B1) Number of Jail Bookings for a New Offense					
a) Number of Bookings for a Felony					
b) Number of Bookings for a Misdemeanor					
B2) Number of Jail Days					
B3) Average Global Assessment of Functioning (GAF) Score					
B4) Number of Participants Who Were Homeless					
B5) Number of Days Homeless					
B6) Number of Participants Employed					
B7) Number of Participants Enrolled in Medi-Cal or Some Type of Insurance Plan					
B8) Number of Participants Who Received Social Security Income (SSI)					
B9) Number of Participants Who Received Other Federal/State Entitlements					
SECTION C: OUTCOME DATA					
C1) Number of Jail Bookings for a New Offense					
a) Number of Bookings for a Felony					
b) Number of Bookings for a Misdemeanor					
C2) Number of Jail Days					
C3) Average Global Assessment of Functioning (GAF) Score					
C4) Number of Participants Who Were Homeless					
C5) Number of Days Homeless					
C6) Number of Participants Employed					
C7) Number of Participants Enrolled in Medi-Cal or Some Type of Insurance Plan					
C8) Number of Participants Who Received Social Security Income (SSI)					
C9) Number of Participants Who Received Other Federal/State Entitlements					
<p>Please refer to the Data Dictionary when completing this form.</p> <p>Email completed form to: MIOCRdata@cdcr.ca.gov</p> <p>For questions, please call Helene Zentner (916/323-8631) or Lynda Frost (916/445-4099)</p>					